

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT EXAMINING OPERATION

Applicant:

R. Brown

Serial Number:

10/807820

Filing Date:

03/24/2004

Title:

LINEAR-TRACKING WINDSHIELD WIPER SYSTEM

FOR WIPING A RECTANGULAR FIELD

Examiner:

Not known

Art Unit:

Not known

Attorney Docket No.: RB-0110

TO THE HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS

PO Box 1450

Alexandria, VA 22313-1450

## AMENDMENT PRELIMINARY TO EXAMINATION

## INTRODUCTORY COMMENTS

This is presented in amendment to the referenced Application, preliminary to examination thereof. Kindly amend the Specification as shown beginning on page 2, and the Claims as shown beginning on page 5. Remarks begin on page 14, and Closing Comments on page 15.

05/03/2004 MBERHE 00000067 10807820

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99.00 OP

Approved for use through 07/31/2006. OMB 0651-0031
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Application Number

Filing Date

First Named Inventor

Art Unit

Not known

Examiner Name

A 2 L 6

To	tal Number of Pages in This Submission	16	Attorney Docket Number	RB -	0110							
ENCLOSURES (Check all that apply)												
	Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts  under 37 CFR 1.52 or 1.53	Remar	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addre  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	ess	After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):							
<del> </del>	SIGNA	TURE C	OF APPLICANT ATTORN	EV OR AG	ENT							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name Robert C. Brown												
Signature Robert C. Sown												
Date	04/26/200	24		<del></del>								
CERTIFICATE OF TRANSMISSION/MAILING												
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.												
Typed or printed name Robert C. Brown												

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## TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

.00

Complete if Known							
Application Number	10/807820						
Filing Date	03/24/2004						
First Named Inventor	Brown						
Examiner Name	Not known						
Art Unit	Not Known						
Attorney Docket No.	RB-0/10						

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large Entity   Small Entity					
Deposit Account	Fee Fe Code (\$		Fee Code	Fee (\$)	Fee Description	Fee Paid
Number	1051 13	30	2051	65	Surcharge - late filing fee or oath	
Deposit Account	1052 5	50	2052		Surcharge - late provisional filing fee or cover sheet	ļ
Name The Director is authorized to: (check all that apply)	1053 13	30	1053	130	Non-English specification	<u> </u>
Charge fee(s) indicated below Credit any overpayments	1812 2,5	20	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804 9	20*	1804		Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,8	40*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251 1	10	2251	55	Extension for reply within first month	]
FEE CALCULATION	1252 4	20	2252	210	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253 9	50	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254 1,4	80	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255 2,0	10	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401 3	30	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filling fee	1402 3	30	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403 2	90	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451 1,5	10	1451	1,510	Petition to institute a public use proceeding	<u> </u>
SUBTOTAL (1) (\$)	1452 1	10	2452	55	Petition to revive - unavoidable	
	1453 1,3	30	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,3	30	2501	<b>6</b> 65	Utility issue fee (or reissue)	
Extra Claims below Fee Paid Total Claims 3/ 2011 = 1/ X 9 = 99	1502 4	80	2502	240	Design issue fee	
	1503 6	40	2503	320	Plant issue fee	
Independent 3 - 3** = 0 X = 0	1460 13	30	1460	130	Petitions to the Commissioner	
· · ·	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity   Fee   Fee	1806 18	80	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 77	70	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810 77	70	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	1801 77	70	2801	385	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20		- 1	1802	900	. ,	
and over original patent		[			of a design application	
SUBTOTAL (2) (\$) 99	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Reduced	by E	Basic F	iling Fe	ee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY (Complete (if applicable Registration No. Name (Print/Type) Telephone (Attorney/Agent) Signature

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